

### STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR U	PDATING PROCEDURES.		FOR OFF	ICIAL USE C	NLY
1 Committee Identification No. 135872		-			
2. Type of Filing a.   Original OR b. Amendment to Item(s	s)# ## 3-401 (c. 18, c. Date Change	<i>[0    </i>   ∌(s) Took Pla	ace	1.	1
3. Full Name Of Committee MARY BATZ for Roseville	COWNCIL				
4 Candidate Last Name BA+2 First I	Name MARY			M.I.	p.
4a. County of Residence MACOA.b	4b. Political Party (If app	licable)			
4c. Driver License # (Optional) 4c. Office Sought: (Check one)				3	
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Rep ☐ Bd of Regents UM ☐ Bd of Trustees MSU ☐ Bd of Gov WSU ☐ District Court ☐ Probate Court ☐ Detroit Recorders Court	☐ Attorney General  urt ☐ Supreme Court Justice	, t	Cou	e Board of l art of Appea uit Court	
BLocal or Other (Please Specify) Roscoille C: ty Cownci	4e. District # or Jurisdic	tion		· · · · · · · · · · · · · · · · · · ·	·
5. Date Committee Was Formed M Ja Y 1, 1997 (Mo/Day/Yr)	6. Committee Area Code and Phor	ne Number 775-	- 20	,5-5-	
7. Committee Mailing Address (May be P. O. Box) Include Zip Code 2 9084 Dembs	7a. Committee Street Address (Ma 29084 DC mbS				
Roseville, Mi. 48066	Roseville, Mi.	4806	مر		
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)  MARY P. B 4+2  24084 De n b 5	Designated Recordkeeper. Note than the treasurer) who will be rest Campaign Statement filings. If co responsibilities, leave this item black.	ponsible for mmittee trea	the com	mittee's rec	cords and
Roseville, Mi. 48066  Area Code and Phone Driver License # (Optional)  811-775-2055	Area Code and Phone	Driver Licens	se <b>#</b> (Opt	iojal)	
10. A REPORTING WAIVER The committee does NOT expect to receive automatically lost if the committee exceeds the \$1,000 threshold. (Direct an \$1,000.00 Reporting Waiver threshold.) Funds left over from one election correquest for a Reporting Waiver is not received on or before the filling decannot be waived.	d in-kind contributions, expenditures unit foward the "amount received" fo	and outstar r the next ele	naing dei ection. F	Please note	e: If a
11. Names and Addresses of depositories or intended depositories of committee of the commit		. This item a andidate Con		nly to a Gui	oematori
11b. Secondary Depository:	·   🗖	Check if thinalifying cont			
13. Verification: I\We certify that all reasonable diligence was used in the precomplete to the best of my\our knowledge or belief.	paration of the above statement, an	d that the ∞	ntents a	re true, acc	urate an
Current MARY P. BA+2 , May O.	Bat	Date	6	14	97
Type or Print Name Signature	0 1 .		Mo.	Day	Year 97
Candidate MALY P. BAT2 1 May 1 Type or Print Name Signature	P. 04	Date	Mo.	Day	7/ Year
	ct 388 of 1976, as amended	······································			



CFR-101 (3/92)

# TATEMENT OF ORGAN ATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

MOTITOO HORO ON HELELIOE COLLOS CITA				
1 Committee Identification No.		3. Type of Filing		
	50	Original Amendment to Item(s)		
2. Full Name of Committee		Date Change 1		
2. Call Manus or Community		$\Lambda_{m,\alpha}$	12	94
		Month 9	Day	Year Year
4, Candidate Name		County of Residence		
Office Sought (include district or jurisdiction	on served)	Party (if applicable)		
			1 Cf JEffers A Associated	
5. Committee Street Address (street, city, sta	ite, zip code)	5a. Committee Mailing Add	aress (it dimerent froi	n street address)
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·				
6. Date Committee Was Formed	8. Full Name and Mailing Ad	dress of Treasurer	Area Code	and Phone
Mo. Day Yr.		and the state of the state of		
7. Committee Area Code and Phone	1			
			:	
9. Identify the person who will be responsible for th	e committee's records and Campai	gn Statement filings.If committee's t	reasurer will handle the	se responsibilites.
leave this item blank. Name	Mailing Address		3	Area Code/Phone
	•	•	مقريب	2
			Ħ <sub>B</sub>	C 72
			O.S.	E 6 -
10. REPORTING WAIVER SECTION  The Committee does NOT expect to	o receive or expend in excess	of \$1,000,00 in an election.	T	و م کا
11. Names and addresses of depositories or			epository 12.	s tem rapplies only to a
and any secondary depositories).	intended depositories or com-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	Heriatorial Candidate Com
·			п	Part this committee
		·	-	eck if this committee intends to seek qualifying
				contributions for public funding.
13. Verification: I/We certify that all season complete to the best of my	able diligence was jused in the	e preparation of the above sta	tement, and that the	a contents are true, accurate and
Complete to the seek of any	, • • • • • • • • • • • • • • • • • • •			
	/	•	: %	
Treasurer		Signatur	re	Date Year
MnRy BA+2	- 1 ma.	" Bat		Date 8 12 94
Candidate Type or Print Name	h was	7 Signatui	re	Mo. Day Year
		nadio ne mala mangantahan di nagina manasa d	ar seek keestebroef kroes	grade code and organizations in the
14. FOR OFFICEHOLDERS' USE ONL	Y (Complete only if you have	established an Officeholder Exp	pense Fund)	green in 1995 to 1995. The second
			1	abolder Francisco Frank Describer
14a Full Name and Address of Officeholder Expense Fund		and Address of Treasurer of er Expense Fund	14c. Offic   Nam	eholder Expense Fund Depository e and Address
Expense Fond		•	1	
	l I		1	
	 		t 1	

Authority granted under Act 388 of 1976, as amended.



## FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Aug # 94/3800 5 20

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE

INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.	
Committee     Identification No.	3. Type of Filing
135872 .50	☐ Original ☐ Amendment to Item(s) <u>refer</u> → 五/6
2. Full Name of Committee Comm. to elect MALY BAT2	Date Change Took Place
COWNTY COMMISSIONER	Month Day Year
4. Candidate Name	County of Residence MACOMS
MARY BATZ	
Office Sought (include district or jurisdiction served)	Party (if applicable)
COWNTY COMMISSIONER- DIST. 21	Demo cratic
5. Committee Street Address (street, city, state, zip code)	5a. Committee Mailing Address (if different from street address)
29084 Dembs	
Roseville, Mi. 48066	
6. Date Committee Was Formed 8. Full Name and M	failing Address of Treasurer Area Code and Phone
Mo. APR Day 15 Yr. 94 MARY 7. Committee Area Code and Phone 29084	BATZ 810-775-3347
7. Committee Area Code and Phone	De mbs
810-775-3347 Rosevi	11e, Mi. 48066
9. Identify the person who will be responsible for the committee's records an	nd Campaign Statement filings.If committee's treasurer will handle these responsibilites,
leave this item blank. Name Mailing Address	Area Code/Phone
	<b>33 9</b>
	COX C
10. REPORTING WAIVER SECTION	
The Committee does NOT expect to receive or expend in	party.
11. Names and addresses of depositories or intended depositories	of committee funds (list both official depository 12 This item applies only to a
and any secondary depositories).  MIChisan NATI BANK	gubenato al Candidate Com-
MICHIGAD WALL OF	870-774-46 22 Check P this committee
25005 Groesbeck	intends to seek qualifying contributions for public
WARREN, Mi 48066	funding.
	ed in the preparation of the above statement, and that the contents are true, accurate and
complete to the best of my/our knowledge or be	lief
Treasurer MARY BA+2	May Bat Date 7 22 94
Type or Print Name	Signature Mo. Day Year
Candidate MALY BATL	Signature Date 7 2 Mo. Day Year
Type of Finit Name	
14. FOR OFFICEHOLDERS' USE ONLY (Complete only if y	ou have established an Officeholder Expense Fund)
14a. Full Name and Address of Officeholder 114b. F	Full Name and Address of Treasurer of 14c. Officeholder Expense Fund Depository
	Officeholder Expense Fund Name and Address
CFR-101 (3/92) Authority grant	ted under Act 388 of 1976, as amended.



CFR-101 (3/92)

# STETEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

Seg # 94138005 29

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE

INSTRUCTIONS ON REVERSE FOR UPDATE	ING PROCEDURES.		
1. Committee		3. Type of Filing	
Identification No.		Original	
135872	30	Amendment to Item(s)	<del></del>
2. Full Name of Committee COmmit	tee to	Date Change Took Place	
Elect MARY BAT	2		<u> </u>
COWNTY COMMIS	SIONEK	Month Day	
County Commis		County of Residence // A-C	COMB
MARY BATZ		•	
Office Sought (include district or jurisdiction	n served)	Party (if applicable)	
County Commissioner		Dem	OCRATIC
5. Committee Street Address (street, city, state	te, zip code)	5a. Committee Mailing Address (if	
29084 Dem65	•	1	
-		1	
Rosquille, Mi.48	900	i ·	
		1	
6. Date Committee Was Formed	8. Full Name and Mailing Addr	ess of Treasurer	Area Code and Phone
Dag 2 15 4.04	MARY BATZ	-	810-775-3347
Mo. PPR. Day 15 Yr. 94 7. Committee Area Code and Phone	20 A SH MAL	۲	
7. Committee Area Code and Phone	27007 00110		ZZ W
810-775-3347	KOSEUI NE MI	48006	
9: Identify the person who will be responsible for the	committee's records and Campaign	Statement filings. If committee's treasurer v	
leave this item blank. Name	Mailing Address		Area Code/Rhone
			<b>翼マ歩 望</b> ロ
-	4	<u></u>	至26 2
10. REPORTING WAIVER SECTION	2		<b>三</b>
The Committee does NOT expect to	receive or expend in excess of	\$1,000.00 in an election.	<u> </u>
11. Names and addresses of depositories or	intended depositories of commi-	ttee funds (list both official depository	12. This item applies only to a
and any according depositories)		810-774-9622	gubernatorial Candidate Com-
Michigan Nation 25005 Groesh	NAI BANK	010-117- 70x2	mittee.  Check if this committee
25005 GROESE	ieck		intends to seek qualifying
2300			contributions for public funding.
WARREN, Mi. 480	8.7	· .	Tonding.
13. Verification: I/We certify that all reasona	ble diligence was used in the	preparation of the above statement,	and that the contents are true, accurate and
complete to the best of my/	our knowledge or belief.		
100 no. 12-+2-	1 2n	au Bot	5 17 94
Treasurer Type or Print Name		Signature	Mo. Day Year
· · · · · · · · · · · · · · · · · · ·	1 /h	Ou Bot	Date 5 17 94
Candidate Type or Print Name		Signature	Mo. Day Yea
Type of Timeyers			
TO DESCRIPTION DEDCY LICE ONLY	Y to the selection to the base of	etablished on Officeholder Evenese Fu	ndl
14. FOR OFFICEHOLDERS' USE ONL'	T (Complete only if you have e	Stabilshed all Officeroider Expense i a	, , , , , , , , , , , , , , , , , , ,
COM-shalles	1 14h Full Nama	and Address of Treasurer of	14c. Officeholder Expense Fund Depository
14a. Full Name and Address of Officeholder Expense Fund	•	Expense Fund	Name and Address
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Authority granted under Act 388 of 1976, as amended.